

Atty Docket No. 16869S-042100US

PTO FAX NO.: 1-571-273-8300

ATTENTION: Examiner Eleni A. Shiferaw

Group Art Unit 2136

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I hereby certify that the following documents in re Application of Kazuya Uemura, et al., Application No. 10/062,949, filed January 30, 2002 for AUTHENTICITY OUTPUT METHOD AND ITS APPARATUS, AND PROCESSING PROGRAM are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1. Transmittal Form (1)
2. Request for Continued Examination (2)
3. Amendment (1) (previously submitted)

Number of pages being transmitted, including this page: 14

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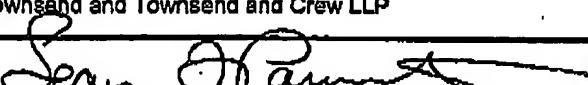
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60762292 v1

TRANSMITTAL FORM		Application Number	10/062,949
(to be used for all correspondence after initial filing)		Filing Date	January 30, 2002
		First Named Inventor	Uemura, Kazuya RECEIVED
		Art Unit	2136 CENTRAL FAX CENTER
		Examiner Name	Eleni A. Shiferaw MAY 1 2006
Total Number of Pages in This Submission	13	Attorney Docket Number	16869S-042100US

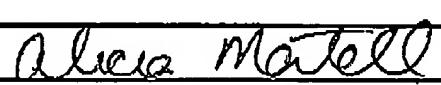
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<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavit/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Continued Examination (RCE) Transmittal
<input type="checkbox"/> Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Townsend and Townsend and Crew LLP		
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Printed name	Sean F. Parmenter		
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